

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90428 042 \*\*\*\*70.00

**DOCUMENT # 766756**

1. Entity Name

**SEMINOLE HIGH SCHOOL BASEBALL BOOSTERS CLUB, INC.**

Principal Place of Business

Mailing Address

8401-131ST STREET NORTH  
 SEMINOLE FL 33776  
 US

8401-131ST STREET NORTH  
 SEMINOLE FL 33776  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOZLOWSKI, RAY**  
**10701 59TH AVENUE NORTH**  
**SEMINOLE FL 33772**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	KOZLOWSKI, RAY	
STREET ADDRESS	10701 59TH AVENUE NORTH	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	KOTCHMAN, SUE	
STREET ADDRESS	8445 125TH CT N	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	WILSON, ANN	
STREET ADDRESS	12744 91ST AVENUE NORTH	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe Abrahamson	
STREET ADDRESS	9569 135th St. N	
CITY-ST-ZIP	Seminole, FL 33776	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John W. Chappie	
STREET ADDRESS	11301 Bella Loma	
CITY-ST-ZIP	Largo, FL 33774	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary/D	
STREET ADDRESS	CINDY MASSIE	
CITY-ST-ZIP	12645 74 AVE. SEMINOLE, FL. 33776	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janelle Makowski	
STREET ADDRESS	11209 SPRING STREET	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/8/02*  
 Date

Daytime Phone #

CR2E037 (9/01)